DOCUMENT RESUME

ED 430 704 PS 027 653

TITLE	North Carolina's Smart Start Initiative: 1998 Annual Evaluation Report.
INSTITUTION	North Carolina Univ., Chapel Hill. Frank Porter Graham Center.
SPONS AGENCY	North Carolina State Dept. of Human Resources, Raleigh.
PUB DATE	1999-01-00
NOTE	16p.; For 1996-97 Annual Evaluation Report, see ED 423 975.
AVAILABLE FROM	Frank Porter Graham Child Development Center, Campus Box 8180, UNC-CH, 105 Smith Level Road, Chapel Hill, NC 27599-8180; Tel: 919-966-4295; e-mail: butts@unc.edu
PUB TYPE	Reports - Evaluative (142)
EDRS PRICE	MF01/PC01 Plus Postage.
DESCRIPTORS	*At Risk Persons; Child Health; Day Care; *Early Childhood Education; *Economically Disadvantaged; Elementary School Students; Health Services; Partnerships in Education; Poverty Programs; Preschool Children; Program Evaluation; *School Readiness; State Programs; Welfare Recipients; Welfare Services
IDENTIFIERS	North Carolina; *Smart Start

ABSTRACT

Smart Start is a multi-disciplinary, comprehensive, community-based initiative to serve North Carolina children under age 6 and their families to ensure that all children enter school healthy and prepared to succeed. To achieve this, local county partnerships have focused both their attention and their funds on implementing child care programs, family programs, and health services. Evaluation strategies included measuring changes in child care quality, family functioning, and children's receipt of health services, and the long-term outcome of school success. This report highlights four main program goals: (1) children are healthy and prepared to succeed in school; (2) families effectively fulfill their role as primary providers, nurturers, and teachers; (3) high quality, affordable services for children and families will be available; and (4) North Carolina counties value children and families by providing options and resources, and encouraging collaboration. The report presents the main data collection strategies being used to evaluate progress for each goal, followed by brief summaries of recent results. The most significant findings to date are that child care quality improved as a result of Smart Start and that children from low-income families who attended a Smart Start-involved child care program were significantly more prepared for school than were similar children who attended other centers, or no centers at all. Speech problems were the most likely developmental problem to receive preschool treatment. Playground improvement grants did result in improved playground safety. Also noted was increased collaboration among individuals and agencies involved with young children and families. An appendix contains a list of reports from the Smart Start evaluation team. (KB)

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North Carolina's Smart Start Initiative
1998 Annual Evaluation Report

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Report to the Department of Human Resources

by the Smart Start Evaluation Team,

University of North Carolina at Chapel Hill

January, 1999

Donna Bryant

Smart START

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North Carolina's Smart Start Initiative:
1998 Annual Evaluation Report (January, 1999)
This report summarizes the evaluation findings to date from both quantitative and qualitative data sources. The data were gathered as part of the Smart Start evaluation contract from the NC Division of Child Development to the University of North Carolina at Chapel Hill. We want to thank all child care directors and providers, service agency staff, and other Smart Start participants who have helped with various aspects of the evaluation.

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500 copies of this public document were printed at a cost of $597.00 or $1.19 per copy.

1998 Annual Evaluation Report

North Carolina's Smart Start Initiative

Smart Start is a multi-disciplinary, comprehensive, community-based initiative to serve North Carolina children under age 6 and their families. The major long-range goal of Smart Start is to ensure that all children enter school healthy and prepared to succeed. To achieve this goal, local county partnerships have focused both their attention and their funds on three major areas of service implementation: child care, family programs, and health services. The evaluation team considers changes in these areas to be intermediate-term outcomes, that is, changes that should lead to the longer-range goal of increased preparedness for school. Therefore, the evaluation data collection strategies have included measuring changes in child care quality, family functioning, and children's receipt of health services, as well as the long-term outcome of school success.

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*These highlights are organized by the **four main goals of Smart Start**. The results included here have been presented in separate and more detailed reports which are listed at the end of this document.*

Smart Start

Goal 1

Children are healthy and prepared to succeed in school.

North Carolina public schools obtain health and "readiness" data on entering kindergartners in a variety of different ways, because no uniform database exists to monitor children's progress across counties. The evaluation team has used the Kindergarten Teacher Checklist *with large samples of randomly selected children and smaller samples of purposefully selected children to measure children's cognitive, language, motor, and social skills. Data collectors have also coded immunization, screening, and other health data from thousands of* Kindergarten Health Assessment *forms. Several findings about health and preparedness for school follow.*

The large random samples show that NC children are entering kindergarten with a wide range of skills, but about 18% of them are judged by their teachers as not ready to participate successfully in school. Mean ratings were the same in 1995 and 1997 and were also about the same for partnerships that had been involved in Smart Start since the beginning and for partnerships that only recently become involved. In these large samples we do not know which children received Smart Start-funded services and which did not.

(For more results, see *Kindergartners' Skills in Smart Start Counties in 1995.*)

In a single-county study, we have been able to specifically identify children who have attended child care programs that have participated in Smart Start quality improvement efforts and compare them to children who have not. The kindergarten entry skills of children from low-income families who have attended Smart Start-involved child care centers were rated statistically significantly higher than children who had not attended such centers. Children from middle-income families were rated significantly higher if they had attended any center-based child care before kindergarten compared to children who had not attended child care at all.

(For more details, see *The Effects of Smart Start Child Care on Kindergarten Entry Skills.*)

Kindergartners who had attended child care had more skills than those who did not attend child care, which is consistent with other research demonstrating that child care can promote cognitive, language, and social skills.

Children from poor families had fewer skills than those from non-poor families, supporting long-standing research that poverty is a component of school failure. These findings also support Smart Start's focus on getting more children from poor families into child care and improving the overall quality of child care.

Most kindergartners were fully immunized once they entered kindergarten, but only 53.3% had been immunized on time. Many children apparently are given their last immunizations right before school starts, but these children should have received the immunizations earlier.

Of entering kindergartners, 2% failed a hearing test, 7% failed a vision test, and 25% had at least one identified health problem. These are the kinds of health needs that Smart Start programs are attempting to find and treat earlier than kindergarten entry. The evaluation team will monitor these types of health needs over time to note possible changes.

Speech problems seem the most likely developmental problem to receive treatment in the preschool years, with over 40% of entering kindergartners who were noted to have a speech problem having already been referred to a Developmental Evaluation Center (DEC). Child care centers, health providers, and parents are more likely to perceive the need for speech intervention compared to other problems, so more children with speech difficulties have received treatment before they enter school. Even so, almost 60% of children with speech problems had not yet been referred.

Smart Start

Goal 2

Families effectively fulfill their role as primary providers, nurturers and teachers.

In 1995, the evaluation team interviewed 356 families who had received some type of child care, health, or family support service from Smart Start. Families were randomly selected. The interviews covered child care, health, and community services, and included some questions used in national surveys so as to compare NC Smart Start families to other samples.

Smart Start is reaching the broad range of families it intended to reach, serving the unemployed, the working poor, and the middle-class. Sixty-three percent (63%) of low-income and 90% of middle-income Smart Start families in our sample were employed.

Families participating in Smart Start engaged in educationally important activities with their child (such as reading, playing number games, telling stories, singing together) as often, if not more often, than a national sample of parents of preschoolers. The similarity between the Smart Start and national sample is even more striking because of the larger proportion of low-income parents included in the Smart Start sample.

A high percentage of Smart Start families (79%) reported that they have the strength to cope with the pressures on them, although this percentage was slightly lower than found in a random sample of NC families (84%).

Participation in religious activities was high among Smart Start families (60%) and for many families was the only involvement in community groups reported; 25% of Smart Start families were not involved in any community group.

Parents learn about services for their children and themselves through word of mouth, friends and relatives, and the phone book. An activity frequently funded by Smart Start—creating a directory of community services—was ranked fourth. These findings indicate that there is a continuing need for distribution of information about child and family services to a wide variety of agencies and people, not just to professionals or through service agencies. Especially given the high percentage of families involved with church or religious organizations, providing information through these groups is a way to reach a large number of people.

Almost one-fourth of families interviewed said they needed parenting education programs.

Low-income families were more than twice as likely to report one or more barriers to obtaining needed services, including cost of services, inconvenient hours, lack of child care, and negative attitudes of the staff at service agencies.

Smart Start is funding a wide variety of family-focused programs. Most of them appear to be desired by a large number of families, and many are serving the need for information, education, and training as expressed by many parents.

(For further details, see Families and the NC Smart Start Initiative.*)*

Smart Start

Goal 3

High quality, affordable services for children and families will be available.

Data on the quality of NC child care have been gathered through preschool classroom observations (using The Early Childhood Environment Rating Scale, ECERS*) and director interviews in large samples of child care centers in 1994–95 and 1996–97. Data on playground safety were collected from 34 playgrounds in two counties in 1997.*

In pioneer Smart Start partnerships, the quality of child care was significantly greater in 1996 than in 1994, both as measured by the percentage of AA centers and by observations of quality in preschool classrooms. From 1994–1996 the percentage of classes rated as "good" or above on the ECERS increased from 14% to 25%.

These quality changes appear to be related to Smart Start participation as evidenced by four specific findings.

1) The proportion of funds a partnership spent on child care quality improvements significantly predicted quality, with more funds spent on child care quality improvement positively related to ECERS quality.
2) The percentage of full-funding received by a partnership affected the influence of proportion of funds spent on child care. Proportion spent on child care was not as strongly associated with quality in counties that received a low percentage of their full-funding amount as it was in counties that received a high percentage of their full-funding amount.
3) The number of child care quality improvement activities that an individual center participated in was significantly related to their ECERS quality score—more activities were associated with better quality.
4) The average quality of the 91 centers that were visited in both 1994 and 1996 increased significantly, including an increase in the proportion of centers licensed at the higher AA level. These findings all support the conclusion that improved child care quality is associated with Smart Start participation.

(For more detail, see *Effects of Smart Start on Preschool Child Care Quality*.)

The percentage of AA-licensed child care centers (a higher level of quality care than the A license) is increasing in many counties in NC, but it is increasing at a faster rate in Smart Start counties than in non-Smart Start counties.

The quality of care in centers that included children with disabilities was higher than that found in programs enrolling only nondisabled children, suggesting that high quality child care is available for children with disabilities and their families.

More than half of all families interviewed expressed a need for financial assistance for child care and most were receiving it. Half of low-income families spent more than 10% of their income on child care.

The safety ratings of child care center playgrounds that participated in playground improvement programs sponsored by Smart Start were significantly higher for 11 of 15 safety criteria than playgrounds that had not been part of an improvement program. Previous research shows that this should result in fewer injuries to children.

(For more detail, see *Effect of a Smart Start Playground Improvement Grant on Child Care Playground Hazards.*)

In summary, the most important finding in the area of child care has been the significant improvement in preschool classroom quality. The difference is significant at a level that scientists term "moderate," that is, a change that is meaningful and worthwhile. Finding a difference of this magnitude is particularly notable since, in Smart Start's first years, it has been a diverse set of "treatments" implemented in a wide variety of settings with a varying degree of intensity. However, the mean level of quality even in 1996 was below that which one would hope to achieve eventually, so there is still room for improvement. The evaluation team has just begun a third round of observations in over 200 child care programs and will report on these data in the fall of 1999. Another important finding is that playground improvement grants do result in improved playground safety.

Smart Start

Goal 4

NC counties value children and families by providing options and resources, and encouraging collaboration.

Data about collaboration and community involvement within partnerships have been gathered through qualitative studies using interviews, focus groups, and document reviews with various partnership members. Because the process of implementing Smart Start is so unique and has been noted as a model of a new approach to community initiatives, the evaluation team has each year included a qualitative research component to investigate the process of board and agency collaboration. Some of the key findings follow.

Smart Start appears to have improved local inter-agency collaboration among organizations that serve young children and their families. The local partnership boards and planning process both encourage inter-agency collaboration. However, substantial variations across partnerships exist in the levels of interagency collaboration.

(For more details, see *Smart Start and Local Inter-Organizational Collaboration.*)

All pioneer partnerships included children with disabilities and their families in their plans and allocated up to 10% of their funds for programs serving children with disabilities and their families. Inclusion is a strongly supported belief among partnership board members and service providers.

(For more details, see *Effects of Smart Start on Young Children with Disabilities and their Families.*)

Across partnerships, agencies have increased their collaboration and cooperation in developing needed resources for young children and their families as noted by key participants. Many participants feel that this collaboration is one of the most striking successes of the initiative.

(For more details, see *Keeping the Vision in Front of You: Results from Smart Start Key Participant Interviews.*)

Local partnership board members fear that politicization of Smart Start at the state level has created a defensive mentality among partnership boards that somewhat stifles innovation. Local board members believe that over the years there has been a retraction of local autonomy and increased pressure for more standardization and regulation of local partnerships.

(For more details, see *Reinventing Government? Perspectives on the Smart Start Implementation Process.*)

Parent and business involvement in the local partnerships is essential for partnerships to fully involve their communities, but this is a continuing challenge for partnerships. Executive directors have assumed the major responsibility for supporting parent and business involvement. Partnerships that have a higher parent and business involvement rely on multiple strategies, including recruiting key community leaders, offering a wide range of roles to participants, and supporting participation.

(For more details, see *Bringing the Community Into the Process: Issues and Promising Promising Practices for Involving Parents and Business in Local Smart Start Partnerships.*)

Sharing information about clients is a form of collaboration. The evaluation team conducted a feasibility study of establishing a unique identifier client information system in 4 partnerships and discovered that several factors, including time, trust, funding, and technical expertise were significant barriers to creating such a system. This issue is broader than Smart Start and needs to be addressed at the state level by all service systems.

(For more details, see *Smart Start Client Information System Feasibility Study.*)

Through interviews and focus groups, the evaluation team has noted increased collaboration among individuals and agencies involved with young children and families. The coming together has not always been smooth and easy, but the long-term goal of improved child and family well-being has encouraged many already-motivated individuals in North Carolina to share their ideas, information, and energies towards creating more and better programs in their own community.

Future Work

The findings summarized in this report are measurable, interim effects of Smart Start; that is, they are steps along the way to improved health and preparedness of children entering kindergarten. This ultimate goal is one that may be accomplished if the Smart Start efforts achieve their intermediate goals–better child care, improved well-being of families, and greater health resources for children. Two very significant findings to date are that child care quality has indeed improved as a result of Smart Start and that children from low-income families who attended a Smart Start-involved child care program are significantly more prepared for school than are similar children who attended other centers, or no centers at all. We are in the midst of conducting studies or analyzing data on family child care quality, families receiving subsidies, public-private partnerships, and interagency collaboration. These results will be included in future reports in 1999.

For more detailed information about the Smart Start Evaluation, please contact ***Dr. Donna Bryant at (919) 966–4295.***

The Smart Start Evaluation Team consists of several researchers and faculty members at the University of North Carolina at Chapel Hill.

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Appendix

Reports From the UNC Smart Start Evaluation Team

Emerging Themes and Lessons Learned: The First Year of Smart Start (August 1994)
This report describes the first-year planning process of the pioneer partnerships and makes some recommendations for improving the process.

Smart Start Evaluation Plan (September 1994)
This report describes our comprehensive evaluation plan, designed to capture the breadth of programs implemented across the Smart Start partnerships and the extent of possible changes that might result from Smart Start efforts.

Keeping the Vision in Front of You: Results from Smart Start Key Participant Interviews (May 1995)
This report documents the process as pioneer partnerships completed their planning year and moved into implementation.

North Carolina's Smart Start Initiative: 1994–95 Annual Evaluation Report (June 1995)
This report summarizes the evaluation findings to date from both quantitative and qualitative data sources.

Reinventing Government? Perspectives on the Smart Start Implementation Process (November 1995)
This report documents pioneer partnership members' perspectives on 2 major process goals of Smart Start: non-bureaucratic decision making and broad-based participation.

Center-based Child Care in the Pioneer Smart Start Partnerships of North Carolina (May 1996)
This brief report summarizes the key findings from the 1994–95 data on child care quality.

Effects of Smart Start on Young Children with Disabilities and their Families (December 1996)
This report summarizes a study of the impact of Smart Start on children with disabilities.

Bringing the Community into the Process: Issues and Promising Practices for Involving Parents and Business in Local Smart Start Partnerships (April 1997)
This report describes findings from interviews and case studies about the involvement of parents and business leaders in the Smart Start decision-making process.

The Effects of Smart Start on the Quality of Child Care (April 1997)
This report presents the results of a 2-year study of the quality of child care in the 12 pioneer partnerships.

Kindergartners' Skills in Smart Start Counties in 1995: A Baseline From Which to Measure Change (July 1997)
This report presents baseline findings of kindergartners' skills in the 43 Smart Start counties.

Child Care in the Pioneer Partnerships 1994 and 1996 (December 1997)
This report presents more detailed information about child care centers that were included in *The Effects of Smart Start on the Quality of Child Care (April 1997)*.

Families & the North Carolina Smart Start Initiative (December 1997)
This report presents findings from family interviews of families who participated in Smart Start in the pioneer counties. The interviews included questions about child care, health services, family activities with children, and community services and involvement.

The Effects of Smart Start Child Care on Kindergarten Entry Skills (June 1998)
This report presents results from kindergartners who attended Smart-Start-funded child care centers compared to a random group of kindergartners who attended a broad range of child care or no child care.

Effect of a Smart Start Playground Improvement Grant on Child Care Playground Hazards (August 1998)
This report presents results from a comparison of the playground safety of child care playgrounds in a county that used Smart Start funds for playground improvement compared to a non-Smart Start county.

Smart Start and Local Inter-Organizational Collaboration (August 1998)
This report presents data about the effectiveness of the Smart Start initiative on improving collaborative relationships. Qualitative and quantitative data were obtained from 269 respondents in 10 local Partnerships.

Smart Start Client Information System Feasibility Study (September 1998)
This report presents findings from a study of the feasibility of creating a system to count uniquely all children and families served by Smart Start.

To obtain copies of these reports, please call **Marie Butts** at:

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